

Years ago, after several unsatisfactory experiences counseling staff physicians at a private hospital, I received the following advice from Dr Ralph Beasom, a general surgeon and a wise man:

When you have to counsel doctors about their behavior, they will defend what they did. They will insist that they were right and that you are wrong to criticize them. You will come away from the encounter frustrated, convinced you have wasted your time. When this happens, you should not pay so much attention to what physicians *say* but rather observe what they *subsequently do*. Nine times out of ten they will correct the problem and will stop doing whatever it was that you had to counsel them about.

Over the years my experience has confirmed "Beasom's Principle." It has given me comfort to understand that counseling physicians is perhaps not the sisyphian exercise it seems. I commend the principle to Drs Heydorn and Moncrief and to all others who must counsel physicians.

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REFERENCE

- Heydorn WH, Moncrief WH Jr: Simultaneous reconstruction of the abdominal aorta and cholecystectomy—A peer review perspective. *West J Med* 1992 Nov; 157:569-571

Riding, Colliding, Criminalizing—Safety and Motorcycle Helmet Laws

TO THE EDITOR: Murdock and Waxman gathered data from persons admitted to a level I trauma center and found that "... when riders not wearing helmets were brought to our trauma center after accidents, they had increased risks of serious head and facial injuries, prolonged hospital stays requiring ventilatory support, and either died of head injuries or were discharged with a neurologic deficit."¹ These data show, they claim, "the need for ... mandatory helmet use legislation." But their argument contains flaws.

Why is it that some motorcyclists prefer to not wear a helmet? One reason cited by many cyclists centers on safety. Helmets impair hearing; when wearing a helmet, it is difficult to determine the location and relative motion of sounds. But accurately identifying sounds is sometimes essential to safety. Wailing sirens, screeching tires, blaring horns—even human shouts—can be warnings of danger; some warnings that are accurately understood can be heeded. The helmetless cyclist will be able to identify and evade dangers that the helmeted cyclist cannot, and the ability to avoid danger is enhanced by the inherent agility of motorcycles. Thus, declining to wear a helmet can lower the probability that a cyclist will become involved in a collision (A. Heard, "Hog-rolling," *The New Republic*, November 20, 1989, p 11).

The only persons scrutinized by Murdock and Waxman were those who had in fact been involved in motorcycle collisions. What their data show is that if one is, in fact, involved in an accident, then one is less likely to be injured, or is likely to be less seriously injured, if one is wearing a helmet. But that is the most their data can show. They show that it is safer to wear a helmet when colliding; the data do not and cannot show that it is safer to wear a helmet when riding—given that helmetlessness raises the probability of avoiding collisions.

Thus, the cyclist is confronted with two different sets of risks: wearing a helmet and increasing the probability of becoming involved in an accident but also decreasing the probability of death or the seriousness of injury in the event

of an accident; or not wearing a helmet, decreasing the probability of becoming involved in an accident but increasing the probability of death or more serious injury in the event of an accident.

Choosing between sets of risks is precisely the sort of action that ought to be left to competent adults. The state exceeds its moral authority when, by threatening with fines and imprisonment, it coerces motorcyclists to choose one set of risks rather than the other; this is rank paternalism.

Let us consider the argument for helmet laws if it were based upon a hypothetical helmet. Suppose that advances in materials technology made possible the construction of a motorcycle helmet that is comfortable, strong enough to reduce injuries in the event of a collision, light enough that it does not exacerbate neck injuries, and acoustically transparent so that it does not muffle or distort sounds. Unlike current helmets, there would be no safety concerns speaking against the use of such a helmet. Would a law mandating the use of this hypothetical helmet be justified? No.

A number of other reasons can be offered for declining to wear a helmet, including the pleasure of the wind through one's hair and the importance of maintaining a particular image or self-image. For some, safety is not the decisive consideration—appearance or pleasure takes precedence over personal safety. Just as it is rank paternalism to coerce a person to subject oneself to one set of risks rather than another, it would be rank paternalism for the state to coerce a person to exalt one value (safety) over others (pleasure, image, self-image)—even if the hypothetical helmet were to be developed.

It is possible that riders declining to wear a helmet will be more seriously injured in the event of a collision; it is possible that the resultant medical costs would constitute a threat to social resources. The state can be protected from this potential public harm, however, with a well-designed, mandatory insurance program. The state exceeds its moral authority if it criminalizes the refusal to wear a helmet.

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REFERENCE

- Murdock MA, Waxman K: Helmet use improves outcomes after motorcycle accidents. *West J Med* 1991 Oct; 155:370-372

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Dr Waxman Responds

TO THE EDITOR: Professor Schonsheck's letter raises several arguments against mandatory helmet use legislation. One is that helmet use may impair hearing, resulting in increased risk of accident. There are, however, no published data showing such an increased risk, and Schonsheck certainly does not provide any. We do have some evidence to the contrary. Since helmet use only protects against head injury, one would predict that more accidents would result in more non-head injuries. Since the institution of mandatory helmet use in California in January 1992, however, we have seen notably fewer injuries from motorcycle accidents at our trauma center. There is no substantiation to the contention that helmet use results in more accidents. It seems biased and unprincipled to communicate to riders that this risk of helmet use exists.

Schonsheck makes it clear in his letter that even if this risk does not exist, he would still be against helmet laws, based

upon an argument of personal freedom. While not a professor of philosophy, I do understand the difference between rights and privileges. Operating a motorcycle is a privilege; society can and should define the attendant responsibilities, which may include education and licensure, obeying the laws of the road, and using a helmet. These mandates help minimize the enormous impact and costs of devastating head injuries to riders, their families, and society. These are not moral decisions, as implied by Schonsheck. Rather, helmet use in California is a reasonable condition for the privilege of operating a motorcycle, just as are the obligations to obey the speed limit and to be sober.

I will support one suggestion Schonsheck makes: mandatory health insurance for motorcycle riders. I agree that mandatory insurance is a good idea, made even better when combined with mandatory helmet use.

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Pizza, Pepsi, and Picking Postgraduates

TO THE EDITOR: Now is the time of year when we go about the task of choosing those persons who will become our house staff in Internal Medicine. At our institution the resident selection process is, happily, a relatively painless one. House staff and faculty gather around a box of files, soft drinks, and pizzas and review the paper profiles together.

Nowhere is an applicant's personality more apparent than in the personal statement. Letters of recommendation can also be revealing. Even deans' letters, generally celebrated as masterworks of obfuscation, can be fun. We have begun a book of notable phrases.

Personal Statements

"I am 1 of 9 children. My parents practiced the rhythm method and, lucky for me, they had no rhythm."

"I have found my niche within the human body."

"I have been exposed to anesthesia since childhood."

"As a youth I was knocked unconscious by a bolt of lightning."

"When I was 8 years old, I decided to change careers midstream."

"I have almost no chance to pursue my chosen career in Ob-Gyn since there are so few places, so I am opting for my second choice—Internal Medicine." (This one inspired us to entitle our book, "Really Dumb Things to Say on an Internship Application.")

Letters of Recommendation From Faculty and Deans

"She was a conscious, hardworking student."

"This person was quite compulsive at home at night."

"His only weakness was his fund of knowledge and his ability to apply it."

"Her only weakness was in logical thinking." (This was a surgical service, so we did not know how to interpret it.)

It is remarkable that students can negotiate the obstacle course required to select a residency program. Their individuality and perseverance inspire us. We also salute the unanimous efforts of those who are on the receiving end, who must design, implement, and carry out the yearly selection process that determines our future colleagues and friends.

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The Editors are pleased to receive letters commenting on articles published in the journal in the past six months, as well as information or short case reports of interest to our readers. ALL MATERIAL SUBMITTED FOR CONSIDERATION MUST BE DOUBLE-SPACED. Letters NO LONGER THAN 500 WORDS are preferred. An original typescript and one copy should be submitted. All letters are published at the discretion of the Editors and subject to appropriate editing. Those of a scientific nature will be peer reviewed. Authors should include information regarding conflict of interest, when appropriate ("I warrant that I have no financial interest in the drugs, devices, or procedures described in this letter"). Most letters regarding a previously published article will be sent to the authors of the article for comment. Authors of accepted letters will have an opportunity to review the edited version before publication.